# L20000371054

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FILED 2020 DEC 21 PH 2: 20

1/29/21

## **COVER LETTER**

	Registration Sec Division of Com		•	
SUBJEC	Kiwi Impor	ts LLC	•	
COMPLE		Name of Lim	ited Liability Company	
The enclos	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
		Filing Department		
			Name of Person	<del></del>
		BetterLegal Solutions LLC	:	
			Firm/Company	
		3131 McKinney Ave Ste 5	02, PMB 35833	
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		Dallas, Texas 75204-2426		
			City/State and Zip Code	<del></del>
		filings@betterlegal.com		
		E-mail address: (1	to be used for future annual report notif	ication)
For furthe	r information co	oncerning this matter, please ca	all:	
Christine			512 969-2339	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	is a check for th	e following amount:		
\$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Kiwi Imports LLC		
(Name of the Limited Linbility Comps (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
the Articles of Organization for this Limited Liability Company lorida document number <u>L20000371054</u>	were filed on 11/24/2020	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:	3300 HAVILAND CT APT 101	
Principal office address MUST BE A STREET ADDRESS)	PALM HARBOR, FL 34684	
		2070
nter new mailing address, if applicable:	3300 HAVILAND CT APT 101	F)
Mailing address MAY BE A POST OFFICE BOX	PALM HARBOR, FL 34684	
	<del></del>	
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	, Florida	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	•	zip code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

#### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Catherine King	3300 HAVILAND CT APT 101	Add
		PALM HARBOR, FL 34684	☐ Remove
			☐ Change
			□ Add
			Remove
			Change
<del></del>			A A A A A A A A A A A A A A A A A A A
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			Change

lf amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	—————————————————————————————————————	į
	20.00	
Effective	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605.02	_
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.	u/ as
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.	O!
1110 3	our day died die record is med.	
Dated	DECEMBER II 2020	
	Dellolon	
	Signature of a member or authorized representative of a member	
	DEREK HOLMES	
	UTEPE MOINTY	

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Filing Fee: \$25.00